

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 586540

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1	/	/			
2	/	/			
3	/	2 /			
4	/	(1)			
5	/	(1)'			
6	/	(0)			
7	/	(0)			
8	/	(0)			
9	/	(0)			
10	/	(0)			
11	/	(0)			
12	/				
13	/	1			
14	/	2			
15	/	2			
16	/	(1)			
17	/	(0)			
18	/	(1)			
19	/	(0)			
20	/	(0)			
21	/	(1)			
22	/	(0)			
23	/	(1)			
24	/		1		
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35			1		
36			1		
37			1		
38			1		
39			1		
40			1		
41			1		
42			1		
43			1		
44			1		
45			1		
46			1		
47			1		
48			1		
49			1		
50			1		
TOTAL IND.	3		3		
TOTAL DEP.	24	←	21	←	←
TOTAL CLAIMS	27		24		

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
51					
52					
53					
54					
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		←		←	←
TOTAL CLAIMS					